U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
1. File Number U - 1333	2. Fiscal Year Covered From:			
Just Marchant -	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name JAMES O CAMPBELL	Name LONGSHOREMENS ASN AFL-CIO LU 3000			
	Labor Organization File Number 513-292			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2700 S CLAIBORNE AVE	Street 2700 S CLAIBORNE AVE			
City NEW ORLEANS	City NEW ORLEANS			
State Louisiana ZIP Code + 4 70125-3923	State Louisiana ZIP Code + 4 70125-3923			
5. Position in labor organization. PRESIDENT				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	, and the second			
City :	\$0			
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the			
signed James Compilell	On 8/11/2005 (504) 897-6203			
	Date Telephone Number			

Name of Person Filing JAMES CAMPBELL	File Num	ber U-
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name ROBEIN, URANN & LURYE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2540 SEVERN AVE  City METAIRIE  State Louisiana ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. UNION'S LAW FIRM	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such 12.a. Nature of interest held or incon CHRISTMAS GIFT BASKET	
	40 h. A	
	12.b. Amount.	\$32
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$0
The second of th		40

	File Number U-
CAME CAME CAME BELL	

#### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (includi	ing trade name,	if any).	9. Business deals with:		
Name ROBEIN, URANN & LURYE			a. Labor Organization		
Trade Name, if any:	and comments for the second of		a. Labor Organization		
P.O. Box, Bldg., Room No., if any			(X) b. Trust		
Street 2540 SEVERN AVE			c. Employer		
City METAIRIE			,		
State Louisiana	ZIP Code + 4	70002			
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.	,	11.a. Nature of such dealing.		
Name NEW ORLEANS EMPLOYERS-I	LA PWV&H FU	INDS	PWV&H FUNDS CO-COUNSEL		
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	<del></del>		,	•	
Street 147 CARONDELET ST STE 3	300		Occupio Andreano		
City NEW ORLEANS					
State Louisiana	ZIP Code + 4	70130	11.b. Approximate dollar value of such	dealing.	\$103,000
			12.a. Nature of interest held or incom	e received.	
·			CHRISTMAS GIFT BASKET (PR	EVIOUSLY 1	REPORTED)
			Research Condition 88		
			12.b. Amount.		\$32

		 r
Name of Person Filing JAMES	OBMODEL I	File Number U-
Name of Person Filing JAMES	CAMPBELL	I lie itanibei o-
		 L

### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name NEW ORLEANS EMPLOYERS-ILA PWV&H FUNDS	a. Labor Organization	
Trade Name, if any:	a zasor organization	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 147 CARONDELET ST STE 300	c. Employer	
City NEW ORLEANS		
State Louisiana ZIP Code + 4 70130		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	UNION IS CO-SPONSOR OF BENEFIT PLA	NS
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	to the state of th	
Street	entre investigation	
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
,	12.a. Nature of interest held or income received.	enterland virginistration was a constructed and the signification of the significant and the significant a
	INTERNATIONAL FOUNDATION OF EMPLOY ANNUAL CONFERENCE REGISTRATION FEE	
	The reconstitutes	
		And a second sec
	12.b. Amount.	\$915

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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Form approved Office of Management and Budget No. 1215-0183 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official TOOK TOOK TOOK TOOK TOOK TOOK TOOK TOO	LY BEFORE PREPARING THIS REPORT.			
1. File Number U . / 333 6	2. Fiscal Year Covered From:  1			
Name and address of person filing.	Name, file number, and address of labor organization.			
Name JAMES O CAMPBELL	Name SOUTH ATLANTIC & GULF COAST DISTRICT, ILA			
hate an account section and account and account and account and account and account account and account accoun	Labor Organization File Number 017-062			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2700 S CLAIBORNE AVE	Street 1827 THE STRAND			
City NEW ORLEANS	City GALVESTON .			
State Louisiana ZIP Code + 4 70125-3923	State Louisiana ZIP Code + 4 77550			
5. Position in labor organization.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of ion represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	, s. , vincent.			
City	\$0			
State ZIP Code + 4				
Sim				
5.9.	nature			
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing JAMES CAMPBELL	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name ROBEIN, UPANN & LURYE					
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street 2540 SEVERN AVE					
City METAIRIE					
State Louisiana ZIP Code + 4 70002					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	LAW FIRM HAS PROVIDED LEGAL SERVICES				
Trade Name, if any:	· .				
* ** ** ** ** ** ** ** ** ** ** ** ** *					
P.O. Box, Bidg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing. \$0				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	CHRISTMAS GIFT BASKET DECEMBER 2004 (PREVIOUSLY REPORTED FOR LABOR ORGANIZATION FILE NUMBER 513-292)				
	12.b. Amount. \$32				
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above)				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).	INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS ANNUAL CONFERENCE REGISTRATION FEE, DECEMBER 1-4,				
Name NEW ORLEANS EMPLOYERS-ILA PWV&H	2004 (PREVIOUSLY REPORTED FOR LABOR ORGANIZATION FILE				
Trade Name, if any:	NUMBER 513-292)				
P.O. Box, Bldg., Room No., if any					
Street 147 CARONDELET ST STE 300					
City NEW ORLEANS	- ·				
State Louisiana ZIP Code + 4 70130					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$91.5				

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E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
1. File Number U -	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name JAMES O CAMPBELL	Name INTERNATIONAL LONGSHOREMEN'S ASSOCIATION		
	Labor Organization File Number 000-104		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2700 S CLAIBORNE AVE	Street 17 BATTERY PL STE 930		
City NEW ORLEANS	City NEW YORK		
State Louisiana ZIP Code + 4 70125-3923	State New York ZIP Code + 4 10004		
5. Position in labor organization.  VICE PRESIDENT			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati			
Name and address of Employer (including trade name, if any).	The related of malesty management of the second		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	-		
City	\$0		
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed James O-ampbell	On 8/11/2005 (504) 897-6203		
	Date Telephone Number		

Name of Person Filing JAMES CAMPBELL	me of Person Filing JAMES CAMPBELL			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name ROBEIN, URANN & LURYE		•		
Trade Name, if any:	a. Labor Organiza	stion		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 2540 SEVERN AVE	de manus con di			
Cty METAIRIE				
State Louisiana ZIP Code + 4 710002				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.		
Name 4	LAW FIRM HAS PROVI	DED LEGAL SERVICE	S	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	a de la companya de l			
Street	11.b. Approximate dollar val	ue of such dealing.	\$21,500	
City	12.a. Nature of interest he			
State ZIP Code + 4	CHRISTMAS GIFT BA (PREVIOUSLY REPOR' NUMBER 513-292)		£	
	12.b. Amount.	Ex annual de sen annual de	\$32	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		ONDATION OF EMPLOY		
Name NEW ORLEANS EMPLOYERS-ILA PWV&H	2004	E REGISTRATION FEE		
Trade Name, if any:	NUMBER 513-292)	TILL FOR BABOR ORG	TILDRITON FILL	
P.O. Box, Bldg., Room No., if any				
Street 147 CARONDELET ST STE 300				
City NEW ORLEANS				
State Louisiana ZIP Code + 4 70130		and the same and t		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		\$915	